

MEDICAL HMO IL

FREQUENTLY ASKED QUESTIONS

What does HMO stand for?

Health Maintenance Organization – this type of insurance has a primary care physician providing treatment or referrals to a specialist for a course of treatment for a disease or condition.

Do I need to be concerned about pre-existing condition limitations?

There are no pre-existing limitations under our plan.

How do I find a primary care physician?

You can go to their website address at <http://www.bcbsil.com>, call member services at 1-800-892-2803 or obtain a directory at the benefits office.

Do I have to select a primary care physician?

You must select a primary care physician (PCP) that will provide medical care and provide referrals when necessary to a specialist and for hospital admissions.

What types of doctors can I select for my primary care physician?

You can select the following specialty types for your primary care physician: internal medicine, general practitioner, family practice, pediatrician, chiropractor or obstetrician/gynecologist.

What types of physician are classified as specialist?

All those types of physicians that are not listed as primary care physicians.

Can each family member have a different primary care physician?

Yes, family members can select their own primary care physicians. The only stipulation is that a woman's primary care physician and obstetrician/gynecologist are with the same medical group.

What is the co-pay I will pay for an office visit for a primary care physician?

The co-pay is \$15 per office visit.

What is the co-pay I will pay for an office visit for a specialist?

The co-pay is \$25 per office visit and you will need to have a referral from your primary care physician. The primary care physician completes a referral form that will indicate the number of visits and timeframe approved for the care.

What other co-pays, may I be subject to?

Outpatient Surgery co-pay	\$50
Rehabilitation Therapy co-pay	\$15
Inpatient Hospitalization co-pay	\$250
Emergency room co-pay (waived if admitted)	\$75

What are the co-pays for the prescription drugs?

	Pharmacy 30 day supply	Mail order 90 day supply	October 1, 2005 90 day supply
Generic	\$10	\$10	\$20
Formulary	\$20	\$20	\$40
Non-formulary	\$35	\$35	\$70

To obtain a listing of medications and how they are classified, go to their website address at http://www.bcbsil.com/member/rx_drugs_hmo.htm.

How about prescriptions by mail?

HMO IL offers home delivery of prescription medications through Walgreens Healthcare Plus. You can pick up the information at the benefits office or the forms are available on their website at http://www.bcbsil.com/member/rx_drugs_hmo.htm.

How do I add or delete a dependent?

Information is provided in the URA/Summary Plan Description under the medical section on page 9. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>. You will need to visit the benefits office to complete a Fermilab Benefit Action Form to enroll the new dependent or to delete a dependent.

How do I handle a case where HMO IL states that my dependent has been terminated?

You will need to go to the benefits office to correct the problem.

What do I do when I have lost my card?

Call member services at the following number to obtain a new card: 1-800-892-2803 or go online to their website at www.bcbsil.com/member.

Do I have vision coverage?

You pay a \$15 co-pay for an office visit. You can schedule an eye exam every 12 months. The allowance for the purchase of lenses, frames and contacts is \$75 every 24 months.

Do I need a referral for vision coverage?

A referral is not required for a vision examination at a participating provider.

How do I locate a network provider?

Contact EyeMed customer service at (866) 273-0817, obtain a directory of vision care providers at the benefits office or go their website address at www.eyemedvisioncare.com/bcbsil/provider_finder.html.

Up to what age can a dependent child be covered?

A dependent unmarried child can be covered until age 19 if not a full time student and until the day of their 23rd birth date if a full time student.

How does COBRA work in relation to my medical benefits?

Please refer to the URA/ Summary Plan Description under the medical section on pages 11-12 for all of the details. This is available at the Benefits website at <http://lss.fnal.gov/benedept/forms.html>.

What is the maximum out of pocket expense that I am responsible for?

The maximum out of pocket expenses per calendar year are \$1,500 per person and \$3,000 per family.

What is excluded under the out of pocket?

It excludes co-pays for prescription drugs, vision, durable medical equipment and prosthetics.

How can I obtain information about the appeals or grievance procedure?

The process can be reviewed in the URA/Summary of Plan Description under the medical section on page 16, your certificate book or on their website address at http://www.bcbsil.com/member/hmo/hmo_appeals.htm.

The summary information presented in these frequently asked questions is intended to describe the medical and dental plans sponsored by Fermilab. It is based on plan official documents. Even though this summary is intended to be accurate, the official documents contain all of the specific provisions of the plans. If there are any discrepancies between this summary and the official documents, the official documents will govern. Nothing on this web site says or implies that your participation in the plans is a guarantee of your continued employment with Fermilab. Nor is it a guarantee that participation in the plans will exist or remain unchanged in future years. Fermilab has the right and sole discretion to suspend, amend, or terminate the plans at any time in any matter to the extent permitted by law.